

EXHIBIT 2: CLAIM NOS. 1329 AND 1859

4825-3961-5515.1

379622858

In its List of Claim

Claim #1329 Date Filed: 2/20/2014

unknown amount. To determine if you need to file a claim, please refer to the enclosed Information About Deadlines to File Claims.

B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT of MICHIGAN		CHAPTER 9 PROOF OF CLAIM
Name of Debtor: City of Detroit, Michigan	Case Number: 13-53846	RECEIVED FEB 20 2014 KURTZMAN CARSON CONSULTANTS Court Claim Number: _____ (If known) Filed on: _____ <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Holt, Rickie		
Name and address where notices should be sent: NameID: 11532436 Holt, Rickie 16101 Heyden Detroit, MI 48219		
Telephone number: _____ email: _____		
Name and address where payment should be sent (if different from above): Telephone number: _____ email: _____		
1. Amount of Claim as of Date Case Filed: <u>\$ 255,000,000.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Injury Personal, Employment Discrimination, Breach of Contract</u> (See instruction #2) <u>See Attached Document</u>		
3. Last four digits of any number by which creditor identifies debtor: <u>4606</u>	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other Describe: <u>See Attached Document</u> Value of Property: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2).		\$ _____
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____		\$ _____
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
8. Signature: (See instruction # 8) Check the appropriate box. <input checked="" type="checkbox"/> I am the creditor. <input checked="" type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.) I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <u>Rickie A. Holt, Agent</u> Title: <u>Paramount Security Interest Holder</u> Company: _____ Address and telephone number (if different from notice address above): _____ _____ _____ Telephone number: _____ email: _____ <u>Rickie A. Holt</u> 4001-308 1.21.2014 (Signature) (Date) <u>Transmuting Utility</u> <u>All Rights Reserved</u>		

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

13-53846-tjt Doc 4873-3 Filed 05/15/14 Entered



1353846131125133951027283

PRF # 62354
Case No.: 13-53846
Svc: 1

PackID: 16830
NameID: 11702790

Holt, Rickie A.
IN PRO PER
16101 Heyden St
Detroit, MI 48219

For Informational Purposes

*Attached Document(s) are Summary Additional
Document(s) upon Request All Claims HAVE
Been documented with the Debtor City of Detroit
from Original Contract.*

*Rickie A. Holt
all Rights Reserved*

** ALL RIGHTS RESERVED **

February 2014



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
MARTHA B. YODER
DIRECTOR

STEVE ARWOOD
DIRECTOR

January 22, 2014

RICKIE A. HOLT
16101 HEYDEN ST
DETROIT, MI 48219-0000

Re: Claim# 164494, RICKIE A. HOLT vs. City of Detroit

This is in reference to your complaint filed with the Wage and Hour Program.

As you are aware, your employer has filed with the United States Bankruptcy Court and the bankruptcy application was accepted. Because of this action the department is suspending this file.

The following information is provided for your information if you wish to file your claim with the bankruptcy court. The deadline to file a proof of claim with the court is **February 21, 2014 at 4:00 p.m. Eastern Time.**

Bankruptcy Court:	U.S. Bankruptcy Court, Eastern District of Michigan (Detroit)
Address of Court:	211 W. Fort St, 21 st Fl Detroit, MI 48226
Name of Debtor:	City of Detroit, Michigan
Case Number:	2:13-BK-53846

For questions concerning the City of Detroit bankruptcy you may contact the City of Detroit or you may visit the United States Bankruptcy Court, Eastern District of Michigan website at <http://www.mieb.uscourts.gov/apps/detroit/DetroitBK.cfm>.

Wage and Hour Program

cc: City of Detroit
2 Woodward Ave, Ste 126
Detroit, MI 48226

City of Detroit Law Dept
Attn: Sharon D. Guillory
1st National Building
660 Woodward Ave, Ste 1650
Detroit, MI 48226

City of Detroit Law Dept
Attn: Letitia C. Jones
1st National Building
660 Woodward Ave, Ste 1650
Detroit, MI 48226

LARA is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

WAGE AND HOUR PROGRAM
TECHNICAL SERVICES DIVISION
P.O. BOX 30476 • LANSING, MICHIGAN 48909-7976
www.michigan.gov/wagehour • (517) 322-1825 • FAX (517) 322-6352
Toll Free: 1-855-4MI-WAGE (1-855-464-9243)

1954



2014

**Rickie-Allen: of the Family Holt
Moor National Aboriginal Indigenous to the land Americas**

Rickie-Allen: of the family Holt
Paramount Security Interest Holder
% 16101 Heyden
Detroit Michigan [48219-9999]

February 14th 2014
Rickie-Allen Holt
of the
Great Family Seal

In the year of our God 2014, the 27th of January

City of Detroit Claims Processing Center
% KCC
2335 Alaska Avenue
El Segundo, CA 90245

RE: Proof of Claim Documentation

Claim #1 Workmans' Compensation injury Claim; Damages \$75,000,000.00

- a. Amputation of 2½ fingers, b. Constant care during injury period, c. Pain and suffering constant
d. Spousal suffering, e. Life time medical care for injury.

Claim #2 Employment discrimination 1999 continuing throughout 2014; Damages \$55,000,000.00

- a. Creating a hostile work environment, b. Failing Handicap disability requirements, c. Harassed by management, d. Un-equal pay and or refusing to compensate properly continuing, e. Discriminatory practices and procedure toward promotions and work rules, f. Creating physical and mental stress at work and home, g. Breached hourly wages, overtime, shift premium, holiday pay, and other contractual agreements.

Claim #3 Breach of Contract from original retirement contract from date of hire present; Damages \$25,000,000.00

- a. Breached defined benefits, medical, dental plans,
b. Breached to any and all retirement associated plans.

Claim #4 Breach of Contract from original annuity savings, retirement contract from date of hire continuing; Damages \$25,000,000.00

- a. Breached defined contribution to annuity benefits and any associated benefits.

Claim #5 Breach of Contract from original Union/Employment contract with Rickie A. Holt, and American Federation of State and Municipal Employees, Local 207 from date of hire present; Damages \$75,000,000.00

- a. Work rules, Hourly compensation packages breached, b. Benefits compensation package, medical, dental, optical, COLA, longevity and any associated benefit breached.

Proof of claim may or may not include the following lawful damages Tort, Special, Monetary and Pecuniary recoveries total; \$255,000,000.00 (Two hundred and fifty five million dollars).

Respectfully Submitted,

Rickie-Allen: of the Family Holt
All Rights Reserved

Rickie-Allen: of the family Holt, Paramount Security Interest Holder

Political Status: classified-Truth A-1
Freehold By Inheritance
R.A. Holt 1954

February 14th 2014

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Brent
Seal

B10 (Official Form 10) (04/13) (Modified)

About Deadlines to File Claims.

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT of MICHIGAN		CHAPTER 9 PROOF OF CLAIM
Name of Debtor: City of Detroit, Michigan	Case Number: 13-53846	FILED 2014 FEB 20 A 10:37 COURT USE ONLY <input type="checkbox"/> Check this box if this claim amends a previously filed claim. U.S. BANKRUPTCY COURT E. DISTRICT OF MICHIGAN - DETROIT Court Claim Number: _____ (If known) Filed on: _____ <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. RECEIVED FEB 24 2014 KURTZMAN CARSON CONSULTANTS
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Holt, Rickie A.		
Name and address where notices should be sent: NameID: 11702790 Holt, Rickie A. IN PRO PER 16101 Heyden St. Detroit, MI 48219 Telephone number: _____ email: _____		
Name and address where payment should be sent (if different from above): Telephone number: _____ email: _____		
1. Amount of Claim as of Date Case Filed: \$ <u>255,000,000.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
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Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

PRF # 62354
Case No.: 13-53846
Svc: 1

PackID: 16830
NameID: 11702790

Holt, Rickie A.
IN PRO PER
16101 Heyden St.
Detroit, MI 48219

*Attached Document(s) are Summary Additional
Document(s) upon Request all Claims have
Been documented with the Debtor City of Detroit
from Original Contract.*

*Rickie G. Holt
all Rights Reserved*



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION
MARTHA B. YODER
DIRECTOR

STEVE ARWOOD
DIRECTOR

January 22, 2014

RICKIE A. HOLT
16101 HEYDEN ST
DETROIT, MI 48219-0000

Re: Claim# 164494, RICKIE A. HOLT vs. City of Detroit

This is in reference to your complaint filed with the Wage and Hour Program.

As you are aware, your employer has filed with the United States Bankruptcy Court and the bankruptcy application was accepted. Because of this action the department is suspending this file.

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Name of Debtor:	City of Detroit, Michigan
Case Number:	2:13-BK-53846

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Wage and Hour Program

cc: City of Detroit 2 Woodward Ave, Ste 126 Detroit, MI 48226	City of Detroit Law Dept Attn: Sharon D. Guillory 1 st National Building 660 Woodward Ave, Ste 1650 Detroit, MI 48226	City of Detroit Law Dept Attn: Letitia C. Jones 1 st National Building 660 Woodward Ave, Ste 1650 Detroit, MI 48226
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LARA is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

WAGE AND HOUR PROGRAM
TECHNICAL SERVICES DIVISION
P.O. BOX 30476 • LANSING, MICHIGAN 48909-7976
www.michigan.gov/wagehour • (517) 322-1825 • FAX (517) 322-6352
Toll Free: 1-855-4MI-WAGE (1-855-464-9243)

1954

2014

**Rickie-Allen: of the Family Holt
Moor National Aboriginal Indigenous to the land Americas**

Rickie-Allen: of the family Holt
Paramount Security Interest Holder
Private Non-Domestic
% 16101 Heyden
Detroit Michigan [48219-9999]

In the year of our God 2014, the 27th of January

Office of the Clerk of the Court
United States Bankruptcy Court
For the Eastern District of Michigan
211 West Fort Street
Detroit MI 48226

RE: Proof of Claim Documentation

Claim #1 Workmans' Compensation injury Claim; Damages \$75,000,000.00

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Respectfully Submitted,

Rickie-Allen: of the Family Holt
** All Rights Reserved **

Rickie-Allen: of the family Holt, Paramount Security Interest Holder

February 27, 2014
Rickie-Allen
Great Family Seal

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

IN SENATE
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February
14, 1944
Duke
the family
Great Family Seal